polydipsia. When admitted there was scoliosis with compensatory changes in the thorax, traces of rickets, emaciation, and slight cyanosis with a brownish discoloration of the skin. The submaxillary glands were somewhat enlarged. The spleen filled the whole left half of the abdomen ; it was painful and hardly movable. The liver was slightly enlarged. The blood showed pale red corpuscles with slight tendency to roll formation, the cells varying in size. The count was 7,200,000 red cells, 6000 leucocytes, Gowers' 80 per cent. The spleen was removed and found to weigh four and a quarter kilogrammes. No microscopical examination was made. The patient died of sepsis on the fifty-second day. There was no leucocytosis until the preagonal stage. Autopsy merely confirmed the diagnosis of sepsis.

The other patient was a woman, aged thirty-four years, whose spleen was removed in 1891 for malarial enlargement. There was a recurrence of the intermittent fever in four months, which stopped after treatment by quinine. There was amenorrhœa for two years, after that menstruation was regular, without pain, lasting two or three days. Cessation for six months was to be attributed to pregnancy, and to the same cause were ascribed certain dyspeptic symptoms. There was neither vomiting nor constipation. The red corpuscles were pale, the size and shape almost normal. The small mononuclear leucocytes were increased to 47 per cent., the eosinophiles to 10 per cent. There were 5,500,000 red corpuscles and 7500 leucocytes per c.mm., Gowers' 60.

Beside a brief mention of hyperglobuly in various conditions without splenic disease, the author cites the case of Vaquez, with splenomegaly, cyanosis, and hyperglobuly ; that of Vidal, with a remarkable tuberculous disease of the spleen of eight years' duration, associated with increase of the red corpuscles, and those of Montard-Martin and Achard. Such cases emphasize the importance of blood examinations in all cases of enlarged spleen.

Primary Sarcoma of the Stomach.—MINTZ (*Berliner klin. Wochenschrift*, 1900, No. 32) reports a case of this kind, which, with those he has found in the literature and others overlooked by him but given in the report of Dock (*Journal of the American Medical Association*, July 21, 1900), raises the total to about fifty-five, including some not fully recorded. Mintz' patient was a man, aged thirty years, who for one month had complained of eructations, pyrosis, tugging pains in the abdomen, and increasing weakness. Vomiting was rare and the vomitus without striking appearances. For a week before admission the symptoms were severe. Appetite was retained, but the patient avoided food on account of pain. There was rapid loss of weight. For some weeks the left testis had been enlarging. The patient was cachectic and jaundiced. There was a diffuse, firm tumor in the epigastrium, reaching almost to the navel, with a horizontal, movable, cord-like mass passing to the left. Lavage brought up abundant decomposed food-remains, with blood at the last. Hydrochloric acid was absent, lactic present in large amount, with Oppler-Boas bacilli and no sarcinæ. The diagnosis was carcinoma of the pylorus with metastasis in the testis. An operation for gastroenterostomy showed that the tumor occupied the right half of the stomach. Death resulted in four days. Autopsy revealed adhesions between the pylorus and the liver ; in the pyloric region a hard tumor the size of a fist, spreading out toward the fundus in a diffuse manner. The mucosa in the pylorus was the seat of an ulcer 2 cm. wide, occupying almost all of the circumference. The lymph glands in the lesser curvature were much enlarged, as also those in the hepatoduodenal ligament. With the exception of the testis, there were no other metastases. The growth proved to be a lymphosarcoma. The author gives a résumé of the clinical features of sarcoma of the stomach, and thinks it should be considered more frequently in the diagnosis of gastric tumors.

The Etiology of Yellow Fever—A Preliminary Note.—REED, CARROLL, AGRAMONTE, and LAZEAR (*The Philadelphia Medical Journal*, October 27, 1900, p. 79), who were appointed a commission by the United States Government to study the acute infectious diseases prevalent in the Island of Cuba, give in a preliminary report the result of their observations on the etiology of yellow fever, of which they made a special study.

The first part of their work was devoted to an investigation into the relationship of the bacillus icteroides (Sanarelli) to yellow fever.

From this part of their work they draw the following conclusions:

1. The blood taken during life from the general venous circulation, on various days of the disease, in 18 cases of yellow fever successively studied, has given negative results as regards the presence of B. icteroides.

2. Cultures taken from the blood and organs of 11 yellow fever cadavers have also proved negative as regards the presence of this bacillus.

3. Bacillus icteroides (Sanarelli) stands in no causative relation to yellow fever, but, when present, should be considered as a secondary invader in this disease.

These observers were much attracted by the theory of Carlos J. Finlay, of Havana, advanced in 1881, that yellow fever was propagated by the mosquito. The researches of Ross and the Italian observers on the part the mosquito plays in the propagation of malaria encouraged the belief that the mosquito was also probably the intermediate host of the germ of yellow fever. They carried out a series of experiments in which they allowed non-immune individuals to be bitten by mosquitoes that had previously fed on yellow fever patients. The mosquito used in all cases was Culex fasciatus Fabr. Eleven subjects allowed infected mosquitoes to bite them. Of these only two developed yellow fever. The negative results in the other nine cases are in large part attributed to the fact that the mosquitoes were fed on patients with very mild forms of the disease; also in part to the fact that the mosquito was allowed to bite the non-immune individual too early after it had bitten the yellow fever patient. In the two positive cases intervals of at least twelve and sixteen days had elapsed. The possibility of infection in any other way was practically excluded in these two cases. In a third case, Dr. Lazear, one of the members of the commission, while in a yellow fever ward, allowed a mosquito that had lit on his hand to bite him and to satisfy its hunger. Five days later he began to feel ill, and subsequently developed a typical attack of yellow fever which unfortunately proved fatal. While the possibility of infection from another source could not be excluded in this case, the writers are inclined to the view that the mosquito bite was the probable cause.